FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S10588

(9)

ALLEN BROTHERS CONSTRUCTION, INC.

Sec	retary	of S	State

FILED

Jun 27 1997 8:00am

1												
Principal Place of Business Mailing Address										// 6 // 6/6// 6/6//		
9102 LINGROVE RD 9102 LINGROVE RD BROOKSVILLE FL 34613 BROOKSVILLE FL 34613-518												
									3. Date Incorporated or Qualified 11/02/1990	- 1	ate of Last F 02/1996	Report
2. Principal F	Place of Busin	ioss	ļ	a. Mailing Addr	ess				4. FEI Number			pplied For
21 26									59-3039278			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, ctc. 27					, eic.				5. Certificate of Status Desired			Additional equired
City & State City & State								6. Election Campaign Financing	F4		May Be	
Zip	Zip Country				Zip Country				Trust Fund Contribution Added to Fees			
24	ļ.	25	7 · · · · · · · · · · · · · · · · · · ·				This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
			of Current Reg		30	'J			10. Name and Address of New Re			
ALL	EN, JEFFRE	Y. B.			····	81	Nam	0				
	2 LINGROVE					62	Stroo	t Address	ss (P.O. Box Number is Not Accepta			
BROOKSVILLE FL 34613						Siree	- Addition	ss (r.o. box Number is No; Accepta	DIE)			
						83						
						84	City			FL	85 Zip	Code
11. Pursuant office or ragent. I a	to the provisi registered ago am familiar wit	ons of Section ent, or both, in h, and accept	607.0502 and the State of Flo the obligations	607.1508, Florida. Such chan of, Section 607.	da Statutos, go was auth 0505, Florida	the above orized by a Statute	e-name the co	d corpor rporation	ration submits this statement for the n's board of directors. I horeby acce	ourpose o pt the app	f changing il pointment as	ls registered registered
SIGNATURE												
12.	Signature, typod o		egistered agent and ti CERS AND DIRE		(NOTE: Ro		nt signatu	re required	whon reinstating)	DATE		
TITLE	PT	OFFI	JERS AND DIRE	DE	LETE	13. 1.1 DOLE		<u>- </u>	ADDITIONS/CHANGES TO OFFI	CERS AND		·
NAME	ALLEN, JE	FFREY B.		00	LETE	1.2 NAME					L Change	☐ Addition
STREET ADDRESS	9102 LING					1.3 STREET	ADDOLCC					.
CITY-ST-ZIP		1LLE FL 348	13		ĺ	1.4 CITY - S						
TITLE	VP8			☐ D€	LETE	21 TITLE	1 - 211				Change	Addition
NAME	ALLEN, TI	mothy d.			•	2.2 NAME			7:			
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CITY-ST-ZIP	BROOKSV	1LLE FL 346	13			2. 4 CITY - 5	31- ZIP					
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CITY-ST-ZIP						3 4. CHY-5	T-ZIP					
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CITY-ST-ZIP						4.3 STREET						Ì
TITLE	 -			DE	LETE	4.4 CITY - S 5.1 TITLE	I - ZIP	 -			Change	Addition
NAME				bear of	. · · <u>-</u>	5.2 NAME					enange	noutron
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CITY-ST-ZIP						6.4 CITY-S	- Z IP					
14. I do hereb	by certify that	the information	supplied with t	this filing does n	ol qualify fo	the exe	notion	stated in	Section 119.07(3)(i). Florida Statute	s I further	certify that	tho

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

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